

## **Workshop A: Prenatal Care Issues— Ken Dominguez, chair**

**Goal:** To improve access among high-risk women via already existing prenatal care services and to ensure that HIV perinatal prevention services are incorporated into prenatal care

### **Objectives: Strategies for Interchange Between States**

- Discuss gaps in prenatal care for HIV-infected women and among women at highest risk for HIV infection
- Discuss critical elements in current prenatal care protocols as they relate to perinatal HIV transmission prevention
- Discuss ways of improving access to prenatal care among high-risk women
- Discuss ways to incorporate HIV counseling and testing services into prenatal care
- Discuss ways to coordinate prenatal care services and HIV-related treatment services

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### **The Women's Initiative for HIV Care and Reduction of Perinatal HIV Transmission (WIN) Initiative, Health Resources and Services Administration (HRSA) — Lydia E. Soto-Torres, HRSA**

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#### **The Women's Initiative for HIV Care and Reduction of Perinatal HIV Transmission (WIN) Program**

This program provides activities to encourage women to learn about their HIV status and to provide them with a continuum of comprehensive care, from street outreach to long-term care. Needs that were identified include

- Transportation
- Effective strategies to maintain pregnant women in care
- Co-location services
- Counseling
- Adequate prenatal care for underserved populations
- Outreach to substance-abusing and incarcerated women
- Adolescents in juvenile services
- Mental health
- Domestic violence

#### **WINS Lessons Learned**

- Women do accept testing, particularly during pregnancy.
- Voluntary HIV testing significantly decreases transmission.
- Late or no prenatal care remains a barrier to further reduction.
- Access local providers and consumers' needs to increase voluntary HIV testing.
- HIV education begins with outreach in nontraditional settings.

- Link testing to comprehensive systems of care, and involve patients in care and decision making.

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## **HIV Prevention and Education in a Managed Care Setting** —Enid Eck, Kaiser Permanente

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### **Drivers of Prevention**

- Improved care management (quality)
- Eliminating gaps in services
- Assuring the right person for the job
- Promotes healthy outcomes.
- Compassion, creativity, and optimism
- Improved patient satisfaction
- Physical
- Emotional
- Spiritual
- Psychological
- Improved cost-efficiency
- Minimized duplication
- Direct access via multiple venues
- Oriented toward effective outcome

### **Assuring and Monitoring Care**

- Process indicators
- Assessing that linkages are in place
- Documentation achievable
- Outcome indicators
- Disease-related outcomes
- Health outcomes
- Quality vs. quantity of life measures

### **Special Population Example**

- Perinatal risk assessment and reduction
- Standardized treatment protocols
- Multidisciplinary Care Path across care continuum

### **Primary Prevention**

- Is population-based.
- Incorporates best learning theories.
- Modifies modalities as needs change.
- Captures learning readiness.

**Focus on Innovation**

- Identify the “real” needs of the patient.
- Creatively structure service delivery; provide one-stop shopping, transportation.
- Verify the need is effectively addressed; go back and assess effectiveness.
- Remember: Numbers aren’t everything; put a face to the numbers.

**The Targets of Prevention**

- Primary prevention
- Secondary prevention
- Tertiary prevention
- Promoting the health of our communities

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**Community Action for Prenatal Care (CAPC) Initiative** —Roberta Glaros, New York State Department of Health

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**Target Area:** Selected ZIP codes of The Bronx, Brooklyn, Manhattan, and Buffalo

**Identified program components through**

- Focus groups
- Providers (63 front-line providers)
- Consumers (46 high-risk women)
- ZIP code targeting strategy (identification of intersection of areas with elevated HIV and areas with high rates of little or no prenatal care)

**Essential Components for Helping High-risk Women Stay in Prenatal Care**

- Establish and maintain trust. Establish ongoing relationships between women and their providers (using case management, peer outreach, consumer involvement, providing transportation and easy access to services).
- Coordinate/mobilize existing services [HIV, substance abuse, maternal child health (MCH)].
- Provide thorough training of
  - Health providers
  - Outreach workers
  - Supervisors
- Promote a prenatal care message, not just HIV care.

**The CAPC Model**

- Engaging high-risk pregnant women in care (through social marketing, outreach, development of a recruitment network consisting of community agencies serving high-risk women)
- Intake (through accessible sites, home visits, core services, short-term case management)

- Comprehensive referral system (for all needed services)

### **CAPC Evaluation**

- Outcomes by target area: HIV transmission rate, prenatal care for HIV-infected women, birthweights
- Process: Measured by recruitment method, demographics, referrals to various services, completed referrals

### **CAPC Unique Features**

- Incorporates information from consumers and previous efforts.
- Is a comprehensive model.
- Focuses on the woman.
- Combines expertise of HIV, MCH, and substance abuse programs.

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## **Reaching Pregnant Women through the Media: The Case of Louisiana—Daphne LeSage, Louisiana Department of Health and Hospitals**

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Perinatal Initiative 2000 has four components:

- Rapid testing in statewide public hospital emergency rooms
- Perinatal registry
- Case management with peer counselors
- Media campaign—promotes HIV awareness, Know Your Status
  - Multiple modes of communication (e.g., pizza box containing pocket cards, placards, brochures, all with multiple messages)
  - Disclosure—Although many women know their status, they may not want to disclose it and shift the focus during delivery. We need to emphasize the importance of disclosing HIV status at or before delivery.
  - Focus should be on having a healthy baby rather than on HIV testing.

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## **Workshop A: Summary**

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### **Continuing Gaps**

- Transportation, child care
- Cultural competence (Need providers who speak same language as their clients—linguistically, socially and culturally.)
- Need for retesting, continuous risk assessment
- Domestic violence, past and present
- Provider's abilities to assess domestic violence situations
- Resource/service network
- Fear
- Child protective

- Welfare reform
- Immigration
- Effective referrals (user friendly)

### **Promising Models**

- One-stop shopping
- Continuum of care and contact from street outreach through long-term care
- Specialized training (skills) at multiple levels (outreach workers, supervisors, providers trained separately)
- Community-based peer leaders, as essential members of the team
- Creative outreach strategies
- Social marketing
- Standardized protocols and documentation
- Integration of HIV counseling and testing and treatment services into overall plan for comprehensive prenatal care services and media campaigns about having a healthy baby